

Dr Raymond Yeow  
GP Registrar

I refer to the Medical Board inviting submissions on a proposed CME plan.  
I argue for RETAINING the Status Quo and cancelling the new proposal.

1.  
The Medical Board proposal is based on alleged “evidence” that CME can improve practitioner performance, though perhaps not patient outcomes, based on the following paper;  
*R.M. Cervero and J.K. Gaines, ‘The impact of CME on position performance and patient healthcare outcomes: an updated synthesis of systematic reviews’, Journal of continuing education in the health professions, vol. 35, no. 2, 2015, pp. 131-138.*  
and  
*the findings of Expert Advisory Board (EAG) on Revalidation 2017.*

The paper referred to is an American paper and refers to the experience in America –

- this is NOT Australian evidence
- does Australia want the American health system which is double the expense in GDP and of poorer quality e.g. life expectancy – Answer is NO

The EAG specifically states that **no evidence** exists in terms of the effect of CME on outcomes in Australia.

### Conclusion

Based upon the Medical Board’s own statements, **no evidence** currently exists on the impact of CME in Australia and before any changes are to be considered, it is of utmost priority that **independent and accurate data is obtained**.

Without such evidence implementation of proposals may be detrimental to existing operations and it will be impossible to determine into the future, the effectiveness of any changes.

In essence the Board’s proposal is a fanciful speculation, without any knowledge or understanding as to whether its new CME proposal is truly viable as a consideration.

2.  
Consequently, I cannot rely in good faith on the Medical Board’s opinion that its new CME proposal will have ‘minimal impact’ on medical practitioners, given there is no data available for such a claim. In particular, the cost of the creation of ‘CME Homes’ has not been considered at any point in their proposal document and it seems quite likely that costs will indeed accrue for medical practitioners, which in turn will likely be passed on to patients as increased fees.

It is VITAL that

- a) proper costings are performed prior to the implementation of any changes and
- b) an ‘Impact Report’ should be created to determine the likely effect of changes on health care costs to patients and
- c) consequently the effect on access to health services.

Any proposed changes to continued professional development for medical practitioners must carefully and holistically consider all the consequences in the delivery of health services , including the wider ramifications of affordability and the effect on poorer sections of the community already experiencing worsening health outcomes.

It would be entirely counterproductive to claim improved performance through regulatory processes whilst disenfranchising already vulnerable patients from healthcare because of costing failures and ill-considered policies based upon belief rather than evidence.

You can make your submissions as a word document to;  
mailto: [ahpra.consultation@ahpra.gov.au](mailto:ahpra.consultation@ahpra.gov.au)

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